

Breastfeeding Food Packages

A guidance document for the breastfeeding dyad package and category assignment, including unique breastfeeding scenarios



Food Package Policy Information

- For breastfeeding dyads, the CPA must evaluate breastfeeding status at each visit and assign or change the food package as appropriate.
- Michigan's food package assignment policy information can be found [here](#) .

Pregnant (PG)

Food Package Guidance



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PG Client

Normal food package= PG/ BP Max

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

7.04 TABLE E: MAXIMUM MONTHLY FOOD PACKAGE FOR PREGNANT AND PARTIALLY BREASTFEEDING WOMEN

Foods	Pregnant Women and Partially Breastfeeding Women Up to 1 Year
Juice, single strength	144 fl oz
Milk Or Milk And Yogurt	19 qt Or 18 qt And 1 qt (32 oz.)
Cheese	1 lb
Breakfast cereal	36 oz
Eggs	1 dozen
Fresh fruits and vegetables	\$11.00 cash value
Whole grains	1 lb
Any combination (two total): Legumes And Peanut butter*	1 lb (16 oz) dry or 64 oz canned And 18 oz

Pregnant (PG)

Category and Package Assignment *Scenarios*

PG Client

Breastfeeding child *under age 1*

- Assigns risk 338.01 (pregnant woman currently breastfeeding)
- Assign BE Max food package. (The BE food package is independent of the infant's food category. – even if the infant is IFF.)
 - The BE food package should be discontinued when the infant turns one year old. **This is not auto-assigned. Verify child's birthday and manually change food package.**

Prenatal - PG:

Hx 1. Have you ever breastfed or pumped breast milk to feed any of your children?*: Yes No

Hx 2. Are you currently breastfeeding or pumping breast milk?*: Yes No

Hx a. Is the baby less than one year old?*: Yes No Infant Id:

Hx b. Are you breastfeeding or pumping milk for more than one child?*: Yes No

PG client is eligible to receive BE Packages as a child under age one is being breastfed.

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Display OK Cancel

PG Client

Parent is breastfeeding a child *under* age 1, but child needs more formula than IBP package can provide

Mom

Category: PG

Package: BE Max

Infant

Category: IFF

Package: IFF (tailor to needs)

Guidance/ Rationale:

- Parent remains eligible for the BE max package (see previous slide) when parent is providing any amount of breast milk while pregnant.
- The fact that the parent is pregnant *and* breastfeeding allows us to unlink the parent and infant's food packages and categories.
- Under the infant's breastfeeding information, mark "Yes" to the question "Is this child currently breastfed or fed breast milk?"

PG Client

Exclusively breastfeeding multiples *under* age 1

- Parent receives 1.5 times the BE Max food package.

Prenatal - PG:

Hx 1. Have you ever breastfed or pumped breast milk to feed any of your children?*: Yes No

Hx 2. Are you currently breastfeeding or pumping breast milk?*: Yes No

Hx a. Is the baby less than one year old?*: Yes No Infant id:

Hx b. Are you breastfeeding or pumping milk for more than one child?*: Yes No

From same pregnancy (multiples)?
 From different pregnancies?

PG client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is breastfeeding

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE Max
BE MAX 2020
BE MAX (1# CHEESE) 2020
BE MAX OZ 2020
BE MAX (1# CHEESE) 2020
OLD BE MAX (2% REDUCED FAT MILK) 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) OZ 2020

49 matching records

PG Client

Partially breastfeeding multiples *under* age 1

- Parent receives the BE Max food package.

Prenatal - PG:

Hx 1. Have you ever breastfed or pumped breast milk to feed any of your children?*: Yes No

Hx 2. Are you currently breastfeeding or pumping breast milk?*: Yes No

Hx a. Is the baby less than one year old?*: Yes No Infant id:

Hx b. Are you breastfeeding or pumping milk for more than one child?*: Yes No

From same pregnancy (multiples)?
 From different pregnancies?

PG client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is breastfeeding

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE Max
BE MAX 2020
BE MAX (1# CHEESE) 2020
BE MAX OZ 2020
BE MAX (1# CHEESE) 2020
OLD BE MAX (2% REDUCED FAT MILK) 2020
BE MAX (2# CHEESE/YOGURT) OZ 2020
BE MAX (MILK IN HALF GALLONS) OZ 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) OZ 2020

49 matching records

PG Client

Breastfeeding child(ren) *over* age 1

- Risk code 338.01 (pregnant woman currently breastfeeding) will *not* be assigned
- Assign PG/ BP Max package. Breastfeeding status does not affect package for infants over age 1.

Prenatal - PG:

Hx 1. Have you ever breastfed or pumped breast milk to feed any of your children?*: Yes No

Hx 2. Are you currently breastfeeding or pumping breast milk?*: Yes No

Hx a. Is the baby less than one year old?*: Yes No Infant Id:

Hx b. Are you breastfeeding or pumping milk for more than one child?*: Yes No

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

Display OK Cancel

Non-Lactating Postpartum (NPP)

Food Package Guidance



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NPP Client

Normal food package= NPP Max

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
NPP MAX (LOWFAT MILK) 2020
NPP MAX (LOWFAT MILK/YOGURT) 2020
NPP MAX (LOWFAT MILK/NO CHEESE) 2020
NPP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
NPP MAX (LOWFAT MILK IN QUARTS) 2020
NPP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
NPP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
NPP MAX (LOWFAT MILK/INFANT FOODS)
NPP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
NPP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

7.04 TABLE F: MAXIMUM MONTHLY FOOD PACKAGE FOR POSTPARTUM WOMEN

Foods	Postpartum Women and Breastfeeding Women of Infants Receiving more than the Maximum amount of Formula for Partially Breastfed Infants (Up to 6 Months).
Juice, single strength	96 fl oz
Milk, fluid Or Milk, fluid And Yogurt	13 qt Or 12 qt And 1 qt (32 oz.)
Cheese	1 lb
Breakfast cereal	36 oz
Eggs	1 dozen
Fresh fruits and vegetables	\$11.00 cash value
Legumes Or Peanut butter	1 lb (16 oz) dry or 64 oz canned Or 18 oz

7.04 TABLE C1: MAXIMUM MONTHLY FOOD PACKAGE FOR FULLY FORMULA FED INFANTS

Foods	Fully Formula Fed Infants A: 0-3 months B: 4-5 months	Fully Formula Fed Infants 6-11 months
WIC Formula	A: 823 fl oz reconstituted liquid concentrate or 832 fl oz RTF or 870 fl oz reconstituted powder. B: 896 fl oz reconstituted liquid concentrate or 913 fl oz RTF or 960 fl oz reconstituted powder.	630 fl oz reconstituted liquid concentrate or 643 fl oz RTF or 696 fl oz reconstituted powder.
Infant cereal	0	24 oz
Infant fruits and vegetables	0	128 oz

7.04 TABLE C2: MAXIMUM MONTHLY FOOD PACKAGE FOR FULLY FORMULA FED INFANTS WITH CVB OPTION

Foods	Fully Formula Fed Infants A: 0-3 months B: 4-5 months	Fully Formula Fed Infants 6-8 months	Fully Formula Fed Infants 9-11 months
WIC Formula	A: 823 fl oz reconstituted liquid concentrate or 832 fl oz RTF or 870 fl oz reconstituted powder. B: 896 fl oz reconstituted liquid concentrate or 913 fl oz RTF or 960 fl oz reconstituted powder.	630 fl oz reconstituted liquid concentrate or 643 fl oz RTF or 696 fl oz reconstituted powder.	630 fl oz reconstituted liquid concentrate or 643 fl oz RTF or 696 fl oz reconstituted powder.
Infant cereal	0	24 oz	24 oz
Infant fruits and vegetables Fresh Fruits and vegetables	0	128 oz	64 oz And \$4.00 cash value

Non-Lactating Postpartum (NPP)

Category and Package Assignment *Scenarios*

NPP Client

Parent stops breastfeeding *prior to 6 months*

Mom

Category: NPP

Package: NPP Max

Infant

Category: IFF

Package: IFF

Guidance/ Rationale:

- Parent's eligibility will not be affected prior to 6 months.
- Ensure food benefits are not over-issued
 1. Prorate new food packages
 2. Void and re-issue benefits for future months

NPP Client

Parent stops breastfeeding *after* 6 months

Mom

Terminate

Infant

Category: IFF

Package: IFF

Rationale

Once notified, LA must remove the parent from the program as they are no longer eligible to participate after the baby turns 6 months old if NPP.

NPP Client

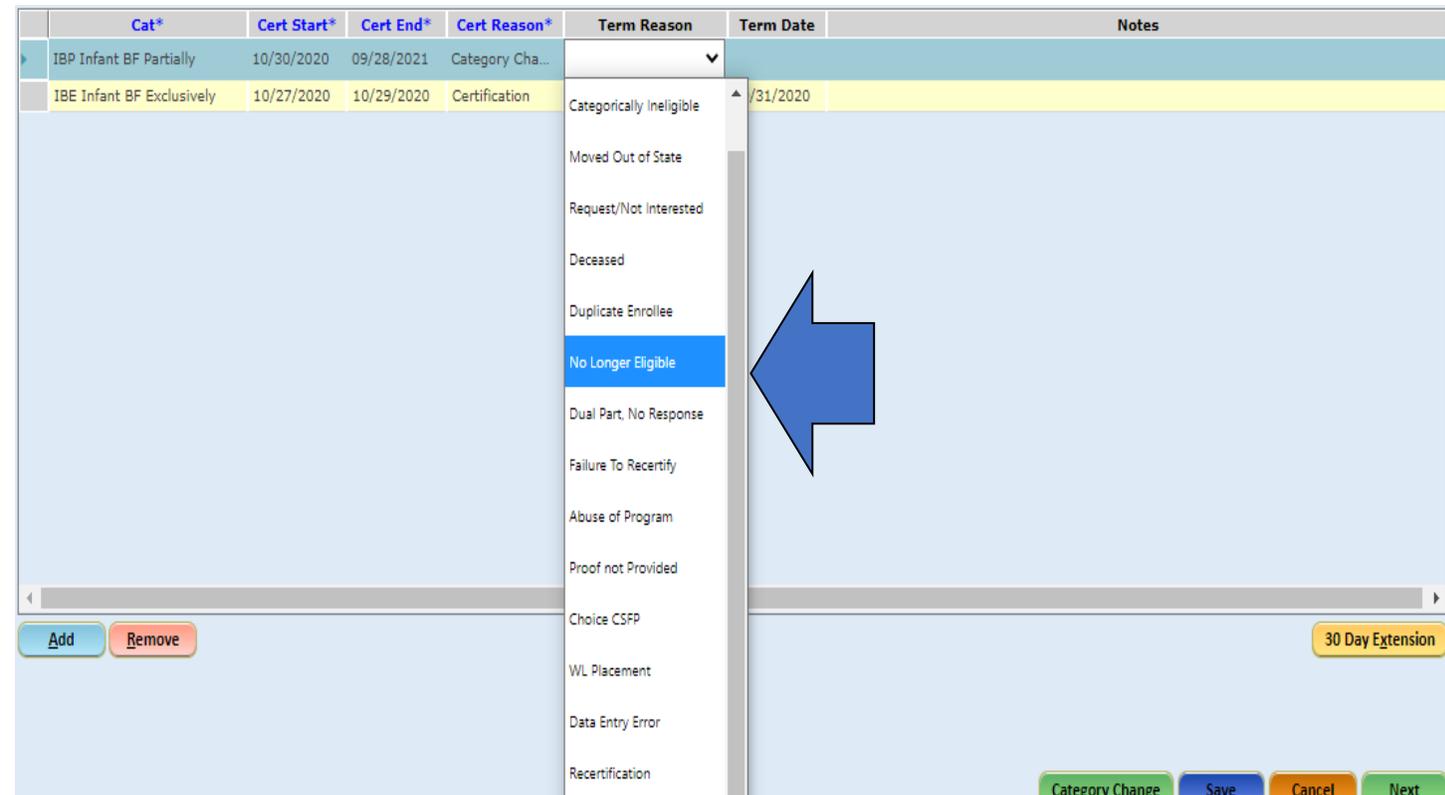
How to term a parent who is no longer breastfeeding

1. Void benefits
 - Per Policy 2.02 [Notification of Ineligibility, Mid-Certification Termination and Expiration of Certification](#), benefits shall be issued if the benefit start date precedes the termination/ certification end date.
2. Terminate NPP client in Cert Action screen
3. Print Termination & Right to Fair Hearing Notice for parent
4. Change infant category from IBE/IBP to IFF
5. Update Breastfeeding Statistics in infant's record
6. Select new IFF food package
7. Re-issue benefits for infant

NPP Client

How to term a parent who is no longer breastfeeding

1. Select term reason
“No Longer Eligible”
2. System will calculate
termination date
3. Add term reason
note: (ex: no longer
breastfeeding)



The screenshot displays a software interface for managing parent information. A table lists parent categories and their certification details. A dropdown menu is open over the 'Term Reason' column, showing various reasons for termination. The 'No Longer Eligible' option is highlighted in blue, and a large blue arrow points to it from the right. The interface includes buttons for 'Add', 'Remove', '30 Day Extension', 'Category Change', 'Save', 'Cancel', and 'Next'.

Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	Notes
IBP Infant BF Partially	10/30/2020	09/28/2021	Category Cha...			
IBE Infant BF Exclusively	10/27/2020	10/29/2020	Certification	Categorically Ineligible	/31/2020	

NPP Client

How to term a parent who is no longer breastfeeding

- Once termed, any breastfeeding-related notes should be documented in the Breastfeeding Tab under the red notepad in Mom's chart (for example: pump follow up, peer contacts, awards, etc.)

The screenshot displays the NPP Client software interface. At the top, there are four tabs: "Alert*", "Family*", "Client*", and "Breastfeeding*". The "Breastfeeding*" tab is highlighted with a red rectangular border. Below the tabs is a table with three columns: "Date", "Staff ID", and "Breastfeeding Note". The table is currently empty. At the bottom left of the table area, there are two buttons: "Add" (light blue) and "Remove" (light red). At the bottom right of the interface, there are three buttons: "Save" (blue), "Cancel" (orange), and "Close" (green).

NPP Client

Parent resumes breastfeeding after the 6-month termination date

- When would this scenario be applicable?
 - Infant is between 6 to 11 months of age
 - Parent switched to NPP and was terminated after infant turned 6 months (term date will be in the past)
 - Parent may be working toward re-lactation due to personal preference, goals to provide breast milk for its additional benefits, infant is showing signs of formula or food intolerance/ allergies, etc.
 - After the infant evaluation or Breastfeeding Peer follow-up, a termed NPP parent indicates baby is still receiving breast milk.

NPP Client

Parent resumes breastfeeding after the 6-month termination date

1. Recertify parent
2. Assign breastfeeding category (BE/BP)
3. Change infant category to breastfeeding (IBE/IBP)
4. Update Breastfeeding Statistics in infant's record
5. Assign packages
 - Refer to Ghost Package guidance if baby needs a full formula package
6. Re-issue benefits

Breastfeeding Partial (BP)

Food Package Guidance



BP Client

Normal food package= PG/ BP Max

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

7.04 TABLE E: MAXIMUM MONTHLY FOOD PACKAGE FOR PREGNANT AND PARTIALLY BREASTFEEDING WOMEN

Foods	Pregnant Women and Partially Breastfeeding Women Up to 1 Year
Juice, single strength	144 fl oz
Milk Or Milk And Yogurt	19 qt Or 18 qt And 1 qt (32 oz.)
Cheese	1 lb
Breakfast cereal	36 oz
Eggs	1 dozen
Fresh fruits and vegetables	\$11.00 cash value
Whole grains	1 lb
Any combination (two total): Legumes And Peanut butter*	1 lb (16 oz) dry or 64 oz canned And 18 oz

7.04 TABLE B1: MAXIMUM MONTHLY FOOD PACKAGE FOR PARTIALLY BREASTFED INFANTS

Foods	Partially Breastfed Infants A: During the first month B: 1-3 months C: 4-5 months	Partially Breastfed Infants 6-11 months
WIC Formula	A: Closet to 104 fl oz reconstituted powder B: 388 fl oz reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder C: 460 fl oz reconstituted liquid concentrate or 474 fl oz RTF or 522 fl oz reconstituted powder	315 fl oz reconstituted liquid concentrate or 338 fl oz RTF or 384 fl oz reconstituted powder
Infant cereal	0	24 oz
Infant fruits and vegetables	0	128 oz

7.04 TABLE B2: MAXIMUM MONTHLY FOOD PACKAGE FOR PARTIALLY BREASTFED INFANTS WITH CVB OPTION

Foods	Partially Breastfed Infants A: During the first month B: 1-3 months C: 4-5 months	Partially Breastfed Infants 6-8 months	Partially Breastfed Infants 9-11 months
WIC Formula	A: Closet to 104 fl oz reconstituted powder B: 388 fl oz reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder C: 460 fl oz reconstituted liquid concentrate or 474 fl oz RTF or 522 fl oz reconstituted powder	315 fl oz reconstituted liquid concentrate or 338 fl oz RTF or 384 fl oz reconstituted powder	315 fl oz reconstituted liquid concentrate or 338 fl oz RTF or 384 fl oz reconstituted powder
Infant cereal	0	24 oz	24 oz
Infant fruits and vegetables And Fresh fruits and vegetables	0	128 oz	64 oz And \$4.00 cash value

Michigan WIC
Formula Maximums - IBP
Effective April 16, 2021

CONTRACT FORMULAS (Require Medical Documentation only for a child ≥ 12 months)																		
Formula	Size	Form	Man. Recon. Volume (ounces)	Maximum Quantity per Month														WIC Eligible Category
				0 mo IBP	1 mo IBP	2 mo IBP	3 mo IBP	4 mo IBP	5 mo IBP	6 mo IBP	7 mo IBP	8 mo IBP	9 mo IBP	10 mo IBP	11 mo IBP	≥ 1 yr		
Enfamil AR	12.9 oz can	Powd	91	1	4	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4	
Enfamil Infant	13 fl oz can	Conc	26	-	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4	
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4	
	12.5 oz can	Powd	90	1	5	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4	
Enfamil NeuroPro Infant	8 fl oz bottle	RTF	8	-	48	48	48	60	60	42	42	42	42	42	42	113	I, C1-C4	
Enfamil Gentlease	12.4 oz can	Powd	90	1	5	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4	
Enfamil NeuroPro Gentlease	8 fl oz bottle	RTF	8	-	48	48	48	60	60	42	42	42	42	42	42	113	I, C1-C4	
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4	
Enfamil ProSobee	13 fl oz can	Conc	26	-	14	14	14	17	17	12	12	12	12	12	12	35	I, C1-C4	
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	28	I, C1-C4	
	12.9 oz can	Powd	93	1	4	4	4	5	5	4	4	4	4	4	4	9	I, C1-C4	
Enfamil Reguline	12.4 oz can	Powd	90.6	1	5	4	4	5	5	4	4	4	4	4	4	10	I, C1-C4	
SPECIAL FORMULAS (Require Medical Documentation)																		
Boost	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W	
Boost Breeze	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4	
Boost Glucose Control	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W	
Boost High Protein	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4	
Boost Kid Essentials 1.0	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Boost Kid Essentials 1.5 CAL	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Boost Kid Ess. 1.5 CAL w/ Fiber	8 fl oz drink box	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4	
Boost Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	113	W	
Compleat Ped. Organic Blends	10.1 fl oz pouch	RTF	10.1	-	-	-	-	-	-	-	-	-	-	-	-	90	C1-C4	
Compleat Pediatric	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4	
Compleat Pediatric Reduced Cal	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C5	
Elecare Infant	14.1 oz can	Powd	95	1	4	4	4	5	5	4	4	4	4	4	4	9	I, C1	
Elecare Jr.	14.1 oz can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4	
Enfamil NeuroPro Enfacare	12.8 or 13.6 oz can	Powd	82	1	5	5	5	6	6	4	4	4	4	4	4	11	I, C1	
Enfamil Premature 24 CAL	2 fl oz bottle	RTF	2	-	182	182	182	221	221	-	-	-	-	-	-	-	I	
Enfaport	6 fl oz bottle	RTF	6	-	61	61	61	74	74	52	52	52	52	52	52	151	I, C1	

Formula	Size	Form	Man. Recon. Volume (ounces)	Maximum Quantity per Month														WIC Eligible Category
				0 mo IBP	1 mo IBP	2 mo IBP	3 mo IBP	4 mo IBP	5 mo IBP	6 mo IBP	7 mo IBP	8 mo IBP	9 mo IBP	10 mo IBP	11 mo IBP	≥ 1 yr		
Ensure	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	-	113	W
Ensure Plus	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	-	113	W
Ketocal 4:1	300 g (11 oz) can	Powd	70	-	-	-	-	-	-	-	-	-	-	-	-	-	12	W, C1-C4
Ketocal 4:1 Liquid	8 fl oz tetra prisma	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	-	113	W, C1-C4
Neocate Infant	400 g (14.1 oz) can	Powd	97	1	4	4	4	5	5	4	4	3	3	3	3	3	9	I, C1
Neocate Syneo Infant	400 g (14.1 oz) can	Powd	95	1	4	4	4	5	5	4	4	4	4	4	4	4	9	I, C1
Neocate Junior (w/ or w/out Prebiotics)	400 g (14.1 oz) can	Powd	64	-	-	-	-	-	-	-	-	-	-	-	-	-	14	C1-C4
Neocate Splash	8 fl oz tetra prisma	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Nutramigen	13 fl oz can	Conc	26	-	14	14	14	17	17	12	12	12	12	12	12	12	35	I, C1-C4
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	10	28	I, C1-C4
Nutramigen with Enflora LGG	12.8 oz can	Powd	87	1	5	5	5	6	6	4	4	4	4	4	4	4	10	I, C1-C4
Nutren Junior	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Nutren Junior Fiber	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Pediasure (Retail)	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Pediasure with Fiber (Retail)	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Pediasure 1.5	8 fl oz can	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	-	114	C1-C4
Pediasure 1.5 with Fiber	8 fl oz can	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	-	115	C1-C4
Pediasure Peptide 1.0	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Pediasure Peptide 1.5	8 fl oz bottle	RTF	8	-	-	-	-	-	-	-	-	-	-	-	-	-	113	C1-C4
Peptamen Junior	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Peptamen Junior Fiber	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Peptamen Junior 1.5	250 ml tetra prisma	RTF	8.45	-	-	-	-	-	-	-	-	-	-	-	-	-	107	C1-C4
Pregestimil	16 oz (1 lb) can	Powd	112	1	4	3	3	4	4	3	3	3	3	3	3	3	8	I, C1-C4
Puramino	14.1 oz can	Powd	99	1	4	4	4	5	5	4	3	3	3	3	3	3	9	I, C1
Puramino Jr	14.1 oz can	Powd	66	-	-	-	-	-	-	-	-	-	-	-	-	-	13	C1-C4
RCF	13 fl oz can	Conc	26	-	14	14	14	17	17	12	12	12	12	12	12	12	35	I, C1-C4
Similac Alimentum	12.1 oz can	Powd	87	1	5	5	5	6	6	4	4	4	4	4	4	4	10	I, C1-C4
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	10	28	I, C1-C4
Similac Neosure	13.1 oz can	Powd	87	1	5	5	5	6	6	4	4	4	4	4	4	4	10	I, C1
	32 fl oz bottle	RTF	32	-	12	12	12	14	14	10	10	10	10	10	10	10	28	I, C1
Similac PM 60/40	14.1 oz (400 g) can	Powd	102	1	4	4	4	5	5	4	3	3	3	3	3	3	8	I, C1
Similac Special Care 24	2 fl oz bottle	RTF	2	-	182	182	182	221	221	-	-	-	-	-	-	-	-	I

Breastfeeding Partial (BP)

Category and Package Assignment *Scenarios*

BP Client

When IBP needs more formula than MI-WIC can provide (Ghost Package)

- A partially BF infant (IBP) can only receive 1 can of formula in the 1st month so if they want *more* than that they must be categorized as a formula fed infant (IFF).

- After the 2nd month, they can be changed back to an IBP.
 - It is possible to capture if a formula-fed infant is receiving any breast milk to help with our statistics.

BF Info | **BF Assessment** | BF Support | BF Aids

1. Was this child ever breastfed or fed breast milk, even for a short period of time?*

Yes No Unknown

2. Is this child currently breastfed or fed breast milk?*

Yes No

3. Was this child given any formula in the hospital?*

Yes No Unknown

4. How old was this child when he/she was first fed something other than breast milk? (i.e., formula, water, infant cereal, etc.)

Months: Age: Weeks: Days: Unknown

5. How old was this child when he/she completely stopped breastfeeding or being fed breast milk?:

Months: Age: Weeks: Days: Unknown

Reason Breastfeeding Ended: select...

Notes:

Save Cancel Next

BP Client

Ghost Package



We understand this is a complicated situation, but the Ghost package allows the parent to remain certified.

6-11mos (Ghost Package)

Mom

- Category: BP
- Package: IBE/ IBP/ NPP (No Food benefits)

Infants

- Categories: IBP
- Packages: IFF (tailor to needs)

BP Client

Ghost Package

- Parent will no longer receive a food package after 6 months postpartum, BUT...
- A Ghost Package allows:
 - Breastfeeding Peers to continue scheduling call-backs for follow-up support.
 - Parent to continue to receive other WIC benefits such as nutrition education and health care referrals.
 - Eligibility for parent to receive a multi-user breast pump.
 - Parent may decide her baby needs less formula after introduction to solids and her package could be changed to the BP food package.
 - Parent to remain eligible to receive Project Fresh.

BP Client

Ghost Package

- Can infant's full formula package be "tailored down" to meet the specific needs of the infant?
 - Yes. WIC staff are expected to assess and assign the minimal amount of formula that does not exceed the infant's nutritional needs.
 - Providing the minimal formula supplementation helps mothers maintain milk production.
 - Breastfeeding support and counseling should be provided to minimize infants receiving full formula packages.

BP Client

Ghost Package

- Documentation

- Under the parent's BF Support tab, include documentation on breastfeeding and formula use under Breastfeeding Notes.
- Copy and paste these notes into the baby's Breastfeeding Notes.

The screenshot displays a software interface with four tabs: 'BF Info', 'BF Assessment', 'BF Support', and 'BF Aids'. The 'BF Support' tab is active. Below the tabs, there are two main sections:

Contact History

Date*	Provider*	Provid... Init	Method*	Contact Made	Topic/No Contact*	Populate to NE	Call Back Date	Achieved Date	Eval	Link Child
07/13/2021	DOYLEK0413	kd	Phone	<input checked="" type="checkbox"/>	Breastfeeding: Com...	<input type="checkbox"/>			Needs Review	

Below the table are 'Add' and 'Remove' buttons.

Breastfeeding Notes

Date*	Staff*	P.C.Education*	Note*
07/13/2021	DOYLEK0413	No	Continues nursing 1-2 times/day. Averages 2-3 cans of formula/week. Assigned ghost package. Referred to BFPC for follow-up.

Below the table are 'Add' and 'Remove' buttons.

BP Client

Ghost Package

< 1 month

Mom

Category: NPP

Package: NPP Max

Infant

Categories: IFF

Packages: IFF (tailor to needs)

1-5 months

Mom

Category: BP

Package: NPP Max

Infant

Categories: IBP

Packages: IFF (tailor to needs)

6-11 months (Ghost Package)

Mom

Category: BP

Package: IBE/ IBP/ NPP (No Food benefits)

Infant

Categories: IBP

Packages: IFF (tailor to needs)

BP Client

Ghost Package

- Parent & baby must be linked:
 - Under Infant's Client Information screen

Client Information		Additional Information	
Authorized Person Testeri, CHRISTIAN		Family ID 2469778	
Client ID	Last Name* Testeri	First Name* Pear	MI
Birth Date* 5/5/2015	Age 6 months, 0 weeks	Proof of Identity*: Birth Certificate	Proof of Pregnancy*: Not Applicable
Gender*: <input type="radio"/> Male <input checked="" type="radio"/> Female		Education Level*: Not Applicable	Marital Status*: Not Applicable
Medicaid Number:		Reason for Ineligibility:	
<input type="checkbox"/> Adjunct Eligibility <input checked="" type="checkbox"/> Income Eligibility		Physician	
<input type="checkbox"/> Foster Care		Name:	
<input type="checkbox"/> Mother Not in Family		Phone: () --	
		Mother's ID: 300 Testeri, CHRISTIAN	

BP Client

Ghost Package: Package Change Steps 1-6 months

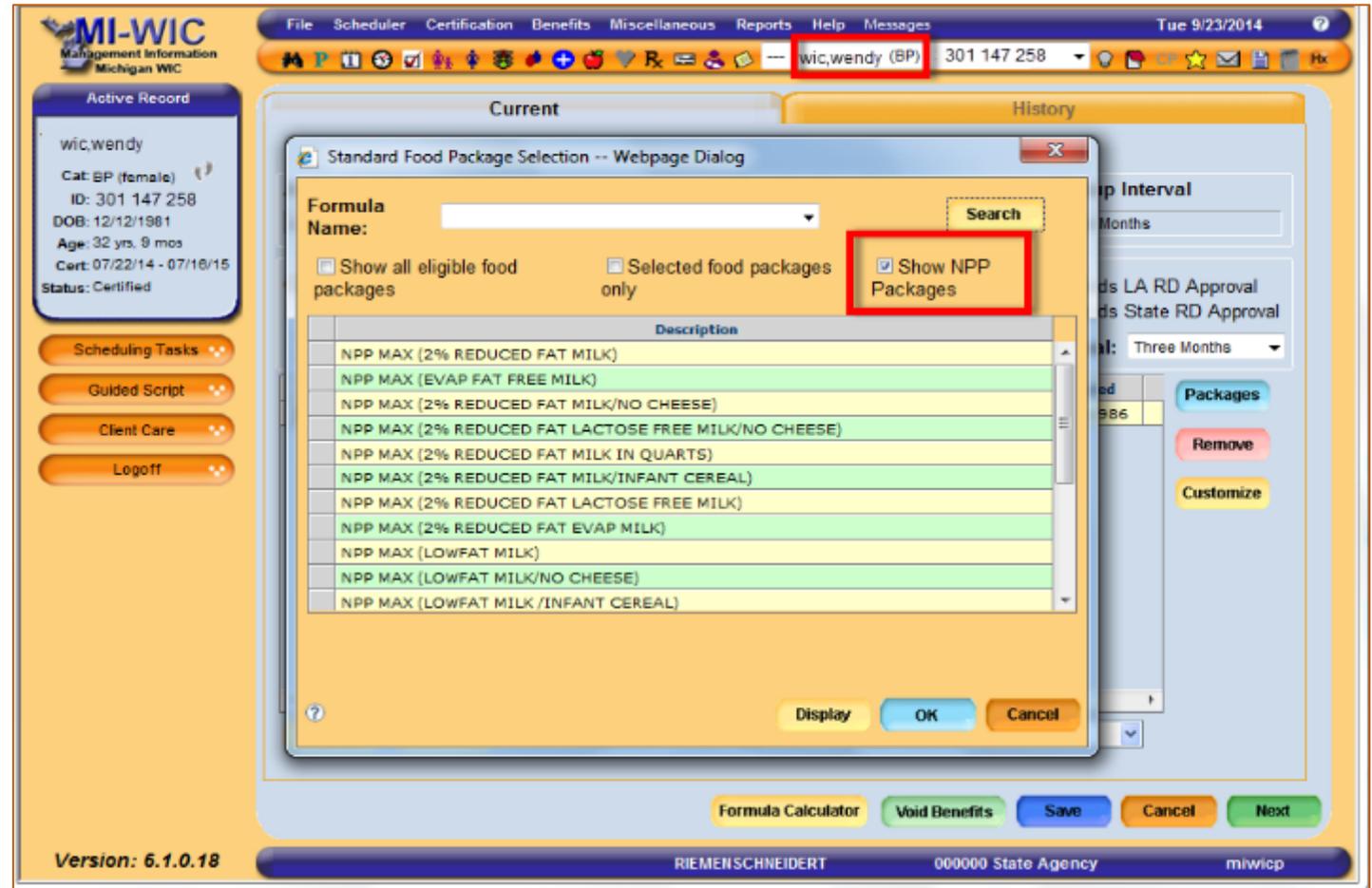
1. Select BP/ IBP categories. (If already BP, do not change the category)
2. Void current and future benefits for both parent and baby
3. Change parent's food package *FIRST*.
4. Assign infant's food package.
5. Re-issue benefits.

BP Client

Ghost Package: Package Change Steps 1-6 months

- Parent's food package screen:

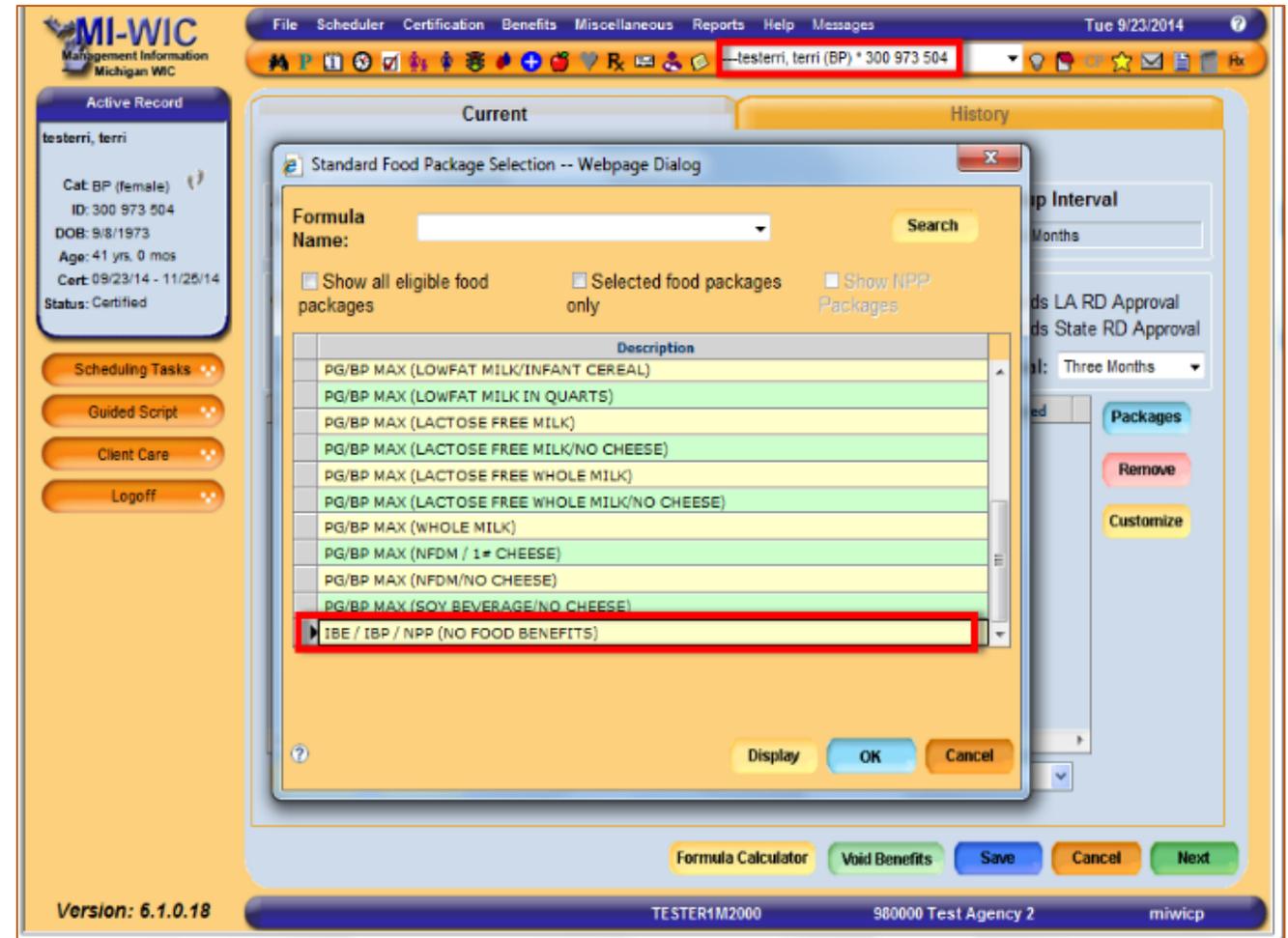
1. Select "Show NPP packages:
2. Assign NPP food package



BP Client

Ghost Package: Package Change Steps 6-11 months

- Change parent's package *FIRST*.
- Parent will not receive food benefits
 - Assign "IBE/ IBP/ NPP (No Food Benefits)"
- Selecting this package will generate the IFF package.



BP Client

Ghost Package: Package Change Steps 6-11 months

- IBP food package screen:
 - Assign “IFF package”

IBP client is eligible to receive IFF food package since BP client (mom) is not receiving any food package.

MI-WIC Management Information Michigan WIC

Active Record
testerra, tabitha
Cat: IBP (female)
ID: 301302744
DOB: 11/15/2013
Age: 10 mos, 1 wks
Cert: 09/23/14 - 11/25/14
Status: Certified

Scheduling Tasks
Guided Script
Client Care
Logout

Standard Food Package Selection -- Webpage Dialog

IBP client is eligible to receive IFF food package since BP client (mom) is not receiving any food package.

Formula Name: [Search]

Show all eligible food packages
 Selected food packages only
 Show NPP Packages

Description
IFF ENFAMIL PROSOBEE POWD (6-11 MOS)
IFF ENFAMIL PREM INFANT POWD (6-11 MOS)
IFF PREGESTIMIL POWD (6-11 MOS)
IFF SIMILAC NEOSURE POWD (6-11 MOS)
IFF ELECARE INFANT POWD (6-11 MOS)
IFF ENFAMIL GENTLEASE POWD (6-11 MOS)
IFF ENFACARE POWD (6-11 MOS)
IFF NUTRAMIGEN ENFLORA LGG (6-11 MOS)
IFF SIMILAC ALIMENTUM POWD (6-11 MOS)
IFF ENFAMILAR POWD (6-11 MOS)
IFF GENTLEASE RTF (6-11 MOS)

Display OK Cancel

Formula Calculator Void Benefits Save Cancel Next

Version: 6.1.0.18 TESTER1M2000 980000 Test Agency 2 mhwicp

BP Client

Breastfeeding more than one child from the *same* pregnancy (multiples)

Mom

- Category: BP
- Package: BE Max

Infants

- Categories: IBP
- Packages: IBP

Rationale

- Parent may be eligible for BE food package (if the infant is not receiving IFF food package)

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child?* Yes No

From same pregnancy (multiples)?

From different pregnancies?

BP Client is eligible to receive BE Packages as more than one child from the same pregnancy is being breastfed.

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

BP Client

Breastfeeding multiple children from *different* pregnancies

- Assign PG/ BP Max package.
- Breastfeeding status does not affect package when breastfeeding infants from different pregnancies.

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child?* Yes No

From same pregnancy (multiples)?

From different pregnancies?

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

? Display OK Cancel

BP Client

Baby is receiving breast milk, but baby is *not* receiving WIC formula

Mom

Category: BE

Package: BE Max

Infant

Category: IBE

Package: IBE

Rationale:

As long as the parent is providing some amount of breast milk, parent and infant may be categorized as BE/IBE in this situation.

BP Client

Baby is receiving breast milk, but baby is *not* receiving WIC formula

- Infant's Nutrition History Screen
 - #4 will be greyed out when the IBE category is assigned

Hx 1. Infant has/had*:

Jaundice

A weak suck

Poor weight gain

Good weight gain

Has inadequate bowel movements for age

None apply

Hx 2. If breastfeeding, who ends the nursing session: Mom Child

Hx 3. Expressed breast milk: Tell me how you store breast milk after pumping?

Hx 4. Formula now: Formula Name:

BP Client

Baby is receiving breast milk, but baby is *not* receiving WIC formula

- Infant's Breastfeeding Screen
 - Formula feeding status can be captured here.

Hx 1. Was this child ever breastfed or fed breast milk, even for a short period of time?*

Yes No Unknown

Hx 2. Is this child currently breastfed or fed breast milk?*

Yes No

Hx 3. Was this child given any formula in the hospital?*

Yes No Unknown

Hx 4. Is this child being fed anything other than breast milk?*

Yes No

Hx 4. How old was this child when he/she was first fed something other than breast milk?
(i.e., formula, water, infant cereal, etc.)

Months: Weeks: Days: Unknown
Age:

Hx 5. How old was this child when he/she completely stopped breastfeeding or being fed breast milk?:

Months: Weeks: Days: Unknown
Age:

Reason Breastfeeding Ended:
select...

Notes:

BP Client

Baby is receiving breast milk, but baby is *not* receiving WIC formula

- Documentation

- Under the parent's BF Support tab, include documentation on breastfeeding and formula use under Breastfeeding Notes.
- Copy and paste these notes into the baby's Breastfeeding Notes.

The screenshot displays a software interface with four tabs: 'BF Info', 'BF Assessment', 'BF Support', and 'BF Aids'. The 'BF Support' tab is active. Below the tabs is a 'Contact History' section with a table. The table has columns: Date*, Provider*, Provi... Init, Method*, Contact Made, Topic/No Contact*, Populate to NE, Call Back Date, Achieved Date, Eval, and Link Child. A row is visible with the date '06/24/20...' and a 'Needs Review' button. Below the table are 'Add' and 'Remove' buttons. The 'Breastfeeding Notes' section is highlighted with a red box. It has a table with columns: Date*, Staff*, P.C.Education*, and Note*. A row is visible with the date '06/24/2021' and the note: 'Assigned BE/IBE as non-WIC formula preferred. Nursing q 2hrs, formula after prn. Referred to BFPC.' Below this table are 'Add' and 'Remove' buttons.

BP Client

IBP stops breastfeeding and baby is *not* receiving WIC formula

0-6 months

Mom

Category: NPP

Package: NPP Max

Infant

Category: IFF

Package: IBE/ IBP/ NPP (no food benefits)

Rationale:

A parent whose infant is receiving non-WIC formula must also receive some amount of breast milk in order to be categorized as BE/ IBE and receive BE Max/ IBE packages.

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
IBE / IBP / NPP (NO FOOD BENEFITS)
IBP ENFAMIL INFANT PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP ENFAMIL GENTLEASE PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP ENFAMIL AR PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL PROSOBEE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL REGULINE PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP NUTRAMIGEN ENFLORA PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP SIM ALIMENTUM PWD (0-0 MOS, 1-1 MOS, 2-3 MOS, 4-5 MOS)
IBP PURAMINO PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP SIMILAC NEOSURE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP NEUROPRO ENFACARE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL INFANT PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)

Display OK Cancel

BP Client

IBP stops breastfeeding and baby is *not* receiving WIC formula

6-11 months

Mom

Terminate

Infant

Category: IFF

Package: IBP/IFF (infant cereal, fruit/ veg only)

Rationale:

A parent whose infant is receiving non-WIC formula must also receive some amount of breast milk in order to be categorized as BE/ IBE and receive BE Max/ IBE packages. Otherwise, parent is termed after 6 months postpartum.

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
IBP ENFAMIL INFANT CONC CVB (9-11 MOS)
IBP PROSOBEE CONC CVB (9-11 MOS)
IBP NUTRAMIGEN CONC CVB (9-11 MOS)
IBP ENFAMIL INFANT 32 OZ RTF CVB (9-11 MOS)
IBP ENFAMIL NEUROPRO INFANT 8 OZ RTF (6-11 MOS)
IBP ENFAMIL NEUROPRO INFANT 8 OZ RTF CVB (9-11 MOS)
IBP NEUROPRO GENTLEASE 8 OZ RTF (6-11 MOS)
IBP NEUROPRO GENTLEASE 8 OZ RTF CVB (9-11 MOS)
IBP NUTRAMIGEN RTF CVB (9-11 MOS)
IBP SIMILAC ALIMENTUM RTF CVB (9-11 MOS)
IBP SIMILAC NEOSURE RTE CVB (9-11 MOS)
IBP/IFF (INFANT CEREAL, FRUIT/VEG ONLY)
IBP/IFF CVB (INFANT CEREAL, FRUIT/VEG ONLY 9-11 MOS)

Display OK Cancel

Breastfeeding Exclusive (BE)

Food Package Guidance



BE Packages

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

7.04 TABLE G: MAXIMUM MONTHLY FOOD PACKAGE FOR FULLY BREASTFEEDING WOMEN

Foods	Exclusively Breastfeeding Women and Partially Breastfeeding Women of Multiple Infants from the same pregnancy Up to 1 Year Postpartum, Women who are both Breastfeeding and Pregnant and Pregnant Women with two or more Fetuses
Juice, single strength	144 fl oz
Milk, fluid Or Milk, fluid And Yogurt	18 qt Or 17 qt And 1 qt (32 oz.)
Breakfast cereal	36 oz
Cheese	3 lb
Eggs	2 dozen
Fresh fruits and vegetables	\$11.00 cash value
Whole grains	1 lb
Fish (canned)	30 oz
Legumes And Peanut butter*	1 lb (16 oz) dry or 64 oz canned And 18 oz

BE Package

BE Max 2020

Food Package:

	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	6	CAN	5oz Chunk Lt Tuna or Pink Salmon
	36	OZ	CEREAL
	3	LB	CHEESE (\$8.00 MAX PER LB.)
	2	DOZ	EGGS
	11	\$\$\$	FRUITS AND VEGETABLES
	3	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
	4	GAL	Skim, 1/2% or 1% Milk
	1	HGL	Skim, 1/2%, 1% or Buttermilk
	1	LB	WHOLE GRAINS



BE Package

BE Max (1# Cheese) 2020 Package

Compared to BE Max
2020 package:

- 1.5 gallons more milk
- 2 lbs. less cheese

Food Package:

Quantity	Package Size	Description
2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
6	CAN	5oz Chunk Lt Tuna or Pink Salmon
36	OZ	CEREAL
1	LB	CHEESE (\$8.00 MAX PER LB.)
2	DOZ	EGGS
11	\$\$\$	FRUITS AND VEGETABLES
3	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
6	GAL	Skim, 1/2% or 1% Milk
1	LB	WHOLE GRAINS



BE Package

BE Max (Yogurt) 2020

Food Package:

Quantity	Package Size	Description
2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
6	CAN	5oz Chunk Lt Tuna or Pink Salmon
36	OZ	CEREAL
3	LB	CHEESE (\$8.00 MAX PER LB.)
2	DOZ	EGGS
11	\$\$\$	FRUITS AND VEGETABLES
3	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
32	OZ	Low Fat or Non Fat Yogurt
4	GAL	Skim, 1/2% or 1% Milk
0.5	HGL	Skim, 1/2%, 1% or Buttermilk
1	LB	WHOLE GRAINS



BE Package

BE Max (2# Cheese/ Yogurt) 2020 Package

- Compared to BE Max (Yogurt) 2020
 - Half gallon more milk
 - 1lb less cheese
 - No change in yogurt amount

Food Package:

	Quantity	Package Size	Description
	2	JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean
	6	CAN	5oz Chunk Lt Tuna or Pink Salmon
	36	OZ	CEREAL
	2	LB	CHEESE (\$8.00 MAX PER LB.)
	2	DOZ	EGGS
	11	\$\$\$	FRUITS AND VEGETABLES
	3	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
	32	OZ	Low Fat or Non Fat Yogurt
	5	GAL	Skim, 1/2% or 1% Milk
	1	LB	WHOLE GRAINS

?

Cancel

BE Package

1.5 times the BE Max package

- Generated for clients breastfeeding more than one child from the *same* pregnancy.

BE Client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is being breastfed.

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Display OK Cancel

- If the package selected does not show 1.5 times the BE Max food package when “display” is selected in the food prescription screen, you will need to go to either benefit inquiry...

1/25/2021		2/24/2021				
Package Size	Food Item	Issued	Redeemed	Voided	Remain	
GAL	Skim, 1/2% or 1% Milk	64	0	56	8	
HGL	Skim, 1/2%, 1% or Buttermilk	10.75	0	10.75	0.00	
LB	CHEESE (\$8.00 MAX PER LB.)	33	0	30	3	
DOZ	EGGS	26	0	23	3	
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	33	0	28	5	
OZ	CEREAL	576	0	522	54	
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	26	0	23	3	
CAN	5oz Chunk Lt Tuna or Pink Salmon	60	0	51	9	
LB	WHOLE GRAINS	25	0	23	2	
\$\$\$	FRUITS AND VEGETABLES	164	0	147.50	16.50	
OZ	Low Fat or Non Fat Yogurt	416	0	352	64	
BTL	64 OZ JUICE	12	0	12	0	

2/25/2021		3/24/2021				
Package Size	Food Item	Issued	Redeemed	Voided	Remain	
GAL	Skim, 1/2% or 1% Milk	61	0	54	7	
HGL	Skim, 1/2%, 1% or Buttermilk	0.75	0	0.75	0.00	
LB	CHEESE (\$8.00 MAX PER LB.)	30	0	27	3	
DOZ	EGGS	26	0	23	3	
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	27	0	23	4	
OZ	CEREAL	576	0	522	54	
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnBean	26	0	23	3	
CAN	5oz Chunk Lt Tuna or Pink Salmon	26	0	51	9	
LB	WHOLE GRAINS	19	0	18	1	
\$\$\$	FRUITS AND VEGETABLES	164	0	147.50	16.50	
OZ	Low Fat or Non Fat Yogurt	224	0	192	32	
BTL	64 OZ JUICE	12	0	12	0	

... or the shopping list.

You can anticipate receiving the following WIC foods for January 25, 2021 to February 24, 2021.

However, if the WIC status of a family member changes before the benefits are available, the foods you receive may also change.

8	GAL	SKIM, 1/2% OR 1% MILK
3	LB	CHEESE (\$8.00 MAX PER LB.)
3	DOZ	EGGS (\$3.00 MAX PER DOZ.)
5	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
54	OZ	CEREAL
3	JAR	16-18OZPNUTBTR, LB DRY, 15-16OZCNBEAN
9	CAN	5OZ CHUNK LT TUNA OR PINK SALMON
2	LB	WHOLE GRAINS
16.50	\$\$\$	FRUITS AND VEGETABLES
64	OZ	LOW FAT OR NON FAT YOGURT

You can anticipate receiving the following WIC foods for February 25, 2021 to March 24, 2021.

However, if the WIC status of a family member changes before the benefits are available, the foods you receive may also change.

7	GAL	SKIM, 1/2% OR 1% MILK
3	LB	CHEESE (\$8.00 MAX PER LB.)
3	DOZ	EGGS (\$3.00 MAX PER DOZ.)
4	CAN	JUICE 48 OZ OR 11.5-12 OZ CONC
54	OZ	CEREAL
3	JAR	16-18OZPNUTBTR, LB DRY, 15-16OZCNBEAN
9	CAN	5OZ CHUNK LT TUNA OR PINK SALMON
1	LB	WHOLE GRAINS
16.50	\$\$\$	FRUITS AND VEGETABLES
32	OZ	LOW FAT OR NON FAT YOGURT

7.04 TABLE H: MAXIMUM MONTHLY 1.5X FOOD PACKAGE FOR FULLY BREASTFEEDING WOMEN

Foods	Exclusively Breastfeeding Women Breastfeeding Multiple Infants from the same pregnancy Up to 1 Year Postpartum	
	→ Odd Month	→ Even Month
Juice, single strength	230 fl oz	184 fl oz
Milk, fluid Or Milk, fluid And Yogurt	28 qt Or 26 qt And 2 qt (64 oz.)	26 qt Or 25 qt And 1 qt (32 oz.)
Breakfast cereal	54 oz	54 oz
Cheese	5 lb	4 lb
Eggs	3 dozen	3 dozen
Fresh fruits and vegetables	\$16.50 cash value	\$16.50 cash value
Whole grains	2 lb	1 lb
Fish (canned)	45 oz	45 oz
Any combination: (three total) Legumes And Peanut butter*	1 lb (16 oz) dry or 64 oz canned And 36 oz	1 lb (16 oz) dry or 64 oz canned And 36 oz

(1) Odd Months for Benefit Start Date (BST) - January, March, May, July, September, November)

- Based on the package size of the following food items in the Fully Breastfeeding Women Package, the quantity will adjust as follows in the odd month
 - 5 CANS JUICE
 - 2 QT MILK
 - 2 QT YOGURT
 - 5 LB CHEESE
 - 2 LB WHOLE GRAINS

(2) Even Months for Benefit Start Date (BST) – February, April, June August, October, December

- Based on the package size of the following food items in the Fully Breastfeeding Women Package, the quantity will adjust as follows in the even month
 - 4 CANS JUICE
 - 1 QT MILK
 - 1 QT YOGURT
 - 4 LB CHEESE
 - 1 LB WHOLE GRAINS

WIC E-Notice #2017-87: BE Food Package Update

- Staff should no longer assign the yogurt food packages below for a BE parent exclusively breastfeeding more than one child from the same pregnancy. The system issues unredeemable quantities of milk in half gallons.
- Do Not select
 - BE MAX (YOGURT) 2020
 - BE MAX (INFANT CEREAL/YOGURT) 2020
 - BE MAX (INFANT FOODS/YOGURT)
- Do select
 - BE MAX (2# CHEESE/YOGURT) 2020
 - BE MAX (MILK IN QUARTS/YOGURT) 2020
 - BE MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

BE Client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is being breastfed.

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Display OK Cancel

7.04 TABLE A1: MAXIMUM MONTHLY FOOD PACKAGE FOR FULLY BREASTFED INFANTS

Foods	Fully Breastfed Infants 0 – 5 months	Fully Breastfed Infants 6 - 11 months
WIC Formula	0	0
Infant cereal	0	24 oz
Infant fruits and vegetables	0	256 oz
Infant meat	0	77.5 oz

7.04 TABLE A2: MAXIMUM MONTHLY FOOD PACKAGE FOR FULLY BREASTFED INFANTS WITH CVB OPTION

Foods	Fully Breastfed Infants 0 – 5 months	Fully Breastfed Infants 6- 8 months	Fully Breastfed Infants 9 - 11 months
WIC Formula	0	0	0
Infant cereal	0	24 oz	24 oz
Infant fruits and vegetables And Fresh fruits and vegetables	0	256 oz	128 oz And \$8.00 cash value
Infant meat	0	77.5 oz	77.5 oz

Note: CVB = Cash Value Benefits

Breastfeeding Exclusive (BE)

Category and Package Assignment *Scenarios*

BE Client

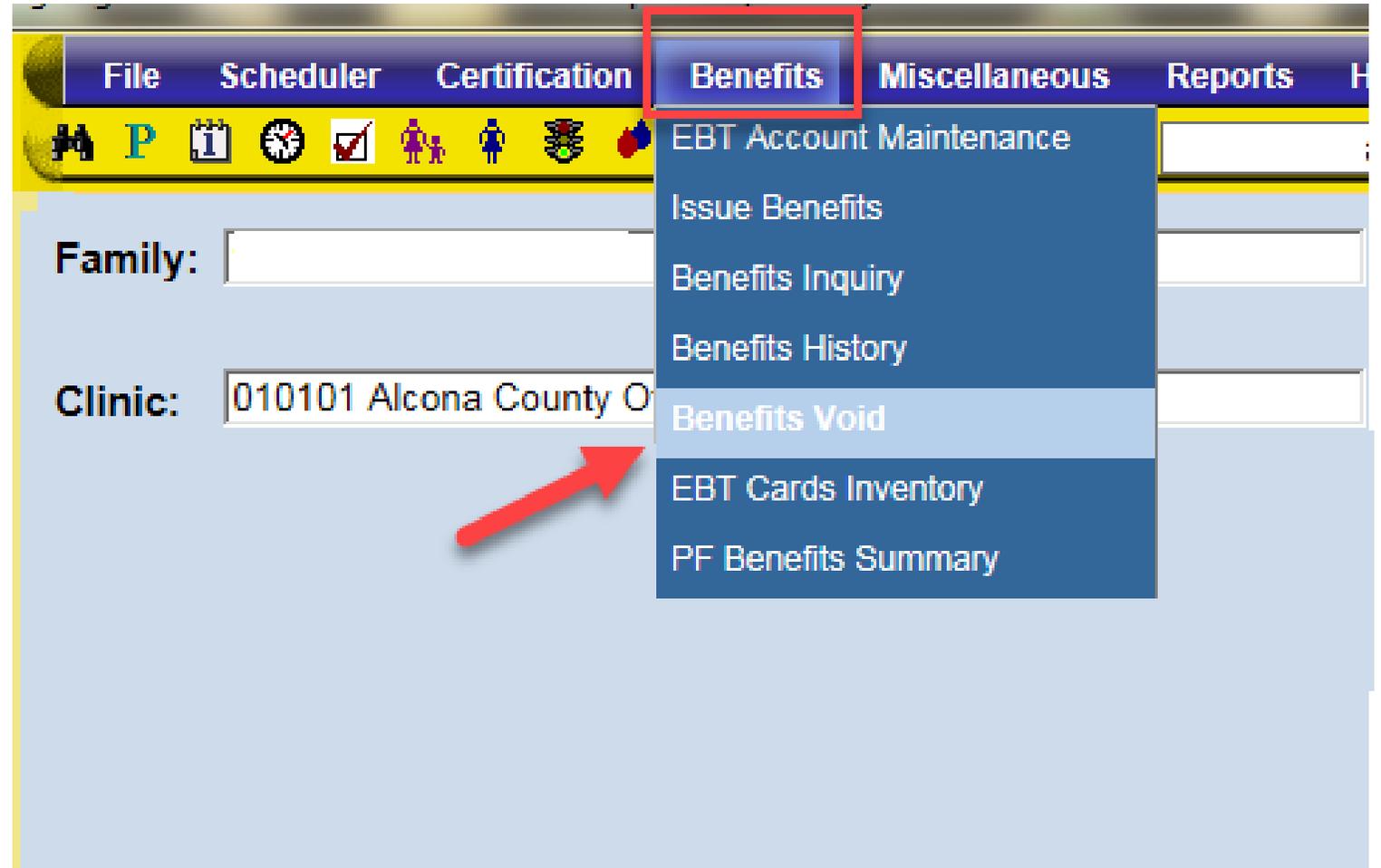
Parent would like formula

1. Void benefits
2. Change categories for *both* parent and infant to partially breastfeeding
3. Update breastfeeding statistics
4. Assign food packages
5. Re-issue benefits

BE Client

Parent would like formula: Voiding Benefits

1. Go to Benefits drop down
2. Select "Benefits Void"



BE Client

Parent would like formula: Voiding Benefits

- Void ALL current & future benefits

Benefits:		<input checked="" type="radio"/> Current	<input type="radio"/> Future					Void all benefits
Start Date			End Date					
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All		
LB	CHEESE (\$8.00 MAX PER LB.)	3	0	0	3	<input checked="" type="checkbox"/>		
DOZ	EGGS	2	0	0	2	<input checked="" type="checkbox"/>		
CAN	JUICE 48 OZ OR 11.5-12 OZ CONC	3	0	0	3	<input checked="" type="checkbox"/>		
OZ	CEREAL	36	0	0	36	<input checked="" type="checkbox"/>		
JAR	16-18ozPnutBtr,lb Dry,15-16ozCnB...	2	0	0	2	<input checked="" type="checkbox"/>		
CAN	5oz Chunk Lt Tuna or Pink Salmon	6	0	0	6	<input checked="" type="checkbox"/>		
QT	Skim, 1/2% 1% or Buttermilk	18	0	0	18	<input checked="" type="checkbox"/>		
LB	WHOLE GRAINS	1	0	0	1	<input checked="" type="checkbox"/>		
\$\$\$	FRUITS AND VEGETABLES	11	0	0	11	<input checked="" type="checkbox"/>		
300873523 - IBE FEMALE IBE FEMALE		97011010941133						
Package Size	Food Item	Issued	Redeemed	Voided	Remain	Void All		
OZ	INFANT CEREAL	24	0	0	24	<input checked="" type="checkbox"/>		
JAR	4 oz INFANT FRUIT OR VEGETABLES	64	0	0	64	<input checked="" type="checkbox"/>		
JAR	2.5 OZ INFANT MEATS	31	0	0	31	<input checked="" type="checkbox"/>		

BE Client

Parent would like formula: Parent Category Change

1. Always start with the parent.
2. Go to parent's Cert Action screen.
3. Select the "BE" category line, then "Category Change"

Last Menstrual Period(LMP): - Present for Cert:

Expected Delivery Date(EDD)*: 9/30/ - Reason not present:

Actual Delivery Date(ADD)*: 9/30/ -

Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	Notes
BE Woman BF Exclusively	10/6/	9/29/	Certification			

1.

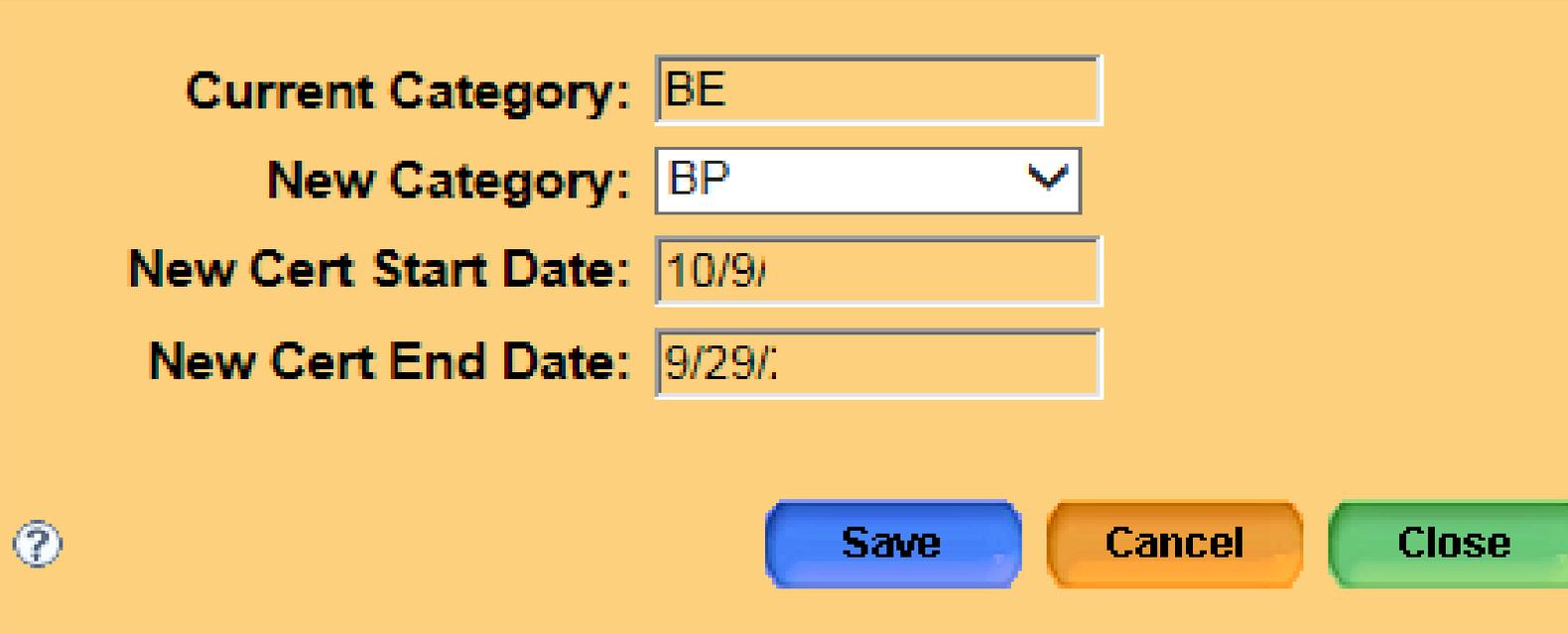
2.

Add Remove 30 Day Extension Category Change Save Cancel Next

BE Client

Parent would like formula: Parent Category Change

1. Change BE to BP
(from dropdown)
2. Save



The screenshot shows a form with a yellow background. It contains four input fields and three buttons. The first field is labeled 'Current Category:' and contains the text 'BE'. The second field is labeled 'New Category:' and contains a dropdown menu with 'BP' selected and a downward arrow. The third field is labeled 'New Cert Start Date:' and contains the date '10/9/'. The fourth field is labeled 'New Cert End Date:' and contains the date '9/29/'. At the bottom left is a help icon (a question mark in a circle). At the bottom right are three buttons: 'Save' (blue), 'Cancel' (orange), and 'Close' (green).

Current Category:	BE
New Category:	BP
New Cert Start Date:	10/9/
New Cert End Date:	9/29/

Buttons: Save, Cancel, Close

BE Client

Parent would like formula: Parent Package Change

- Old food package will be sent to history
- Under parent's food prescription screen:
 1. Select "Packages"

Certification Complete* Completed By*: RAJAKUMAR, ILAKKIYA Pickup Interval: Three Months

Description	Effect Date	End Date	Disable	Note	Created
No Records Exist in Data Source					

Buttons: Packages, Remove, Customize

Buttons: Display, Formulary, Approved, Not Approved, Expiration Date: [Dropdown], Formula Calculator, Void Benefits, Save, Cancel, Next

BE Client

Parent would like formula: Parent Package Change

2. Select PG/ BP Max package
3. Click OK, then Save

Formula Name:

Show all eligible food packages Selected food packages only Show NPP Packages

Description
PG/BP MAX (LOWFAT MILK) 2020
PG/BP MAX (LOWFAT MILK/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE) 2020
PG/BP MAX (LOWFAT MILK/NO CHEESE/YOGURT) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS) 2020
PG/BP MAX (LOWFAT MILK IN QUARTS/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
PG/BP MAX (LOWFAT MILK/INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)
PG/BP MAX (LACTOSE FREE MILK) 2020
PG/BP MAX (LACTOSE FREE LOWFAT MILK/YOGURT) 2020

BE Client

Parent would like formula: Infant Category Change

1. Start with infant's Cert Action screen.
2. Select the "IBE" category line, then "Category Change"

Cat*	Cert Start*	Cert End*	Cert Reason*	Term Reason	Term Date	Notes
IBE Infant BF Exclusively	10/6:	9/29:	Certification			

Buttons: Add, Remove, 30 Day Extension, Category Change, Save, Cancel, Next

BE Client

Parent would like formula: Infant Category Change

3. Change IBE to IBP
(from dropdown)
4. Save

Category Change - Internet Explorer

Current Category: IBE

New Category: IBP

New Cert Start Date:

New Cert End Date:

Save Cancel Close

BE Client

Parent would like formula: Infant Category Change

- Today's date will display the new IBP category

Present for Cert:

Reason not present:

	Cat*	Cert Start*	Cert End*	Cert Reason*	
	IBP Infant BF Partially	Today's Date	9/29/.	Category Change	
	IBE Infant BF Exclusively	10/6/.	Yesterday	Certification	

BE Client

Parent would like formula: Update Breastfeeding Statistics

1. Select infant's record
2. Select Breastfeeding tab, then BF Info
3. Update screen
4. Click Save

The screenshot shows the 'BF Assessment' tab in the BE Client interface. The form contains the following questions and options:

- 1. Was this child ever breastfed or fed breast milk, even for a short period of time?*
 Yes No Unknown
- 2. Is this child currently breastfed or fed breast milk?* Yes No
- 3. Was this child given any formula in the hospital?* Yes No Unknown
- 4. Is this child being fed anything other than breast milk?* Yes No
- 4. How old was this child when he/she was first fed something other than breast milk? (i.e., formula, water, infant cereal, etc.)
Months: Weeks: Days: Unknown
- 5. How old was this child when he/she completely stopped breastfeeding or being fed breast milk?:
Months: Weeks: Days: Unknown

Below question 5, there is a dropdown menu for 'Reason Breastfeeding Ended:' with the text 'select...' and a text area for 'Notes:'.

BE Client

Parent would like formula: Infant Package Change

- Old food package will be sent to history
- Under infant's food prescription screen:
 1. Select "Packages"

The screenshot displays the BE Client software interface. At the top, there is a status bar with a checked box for "Certification Complete*", a "Completed By:" field containing "RAJAKUMAR, ILAKKIYA", and a "Pickup Interval:" dropdown menu set to "Three Months". Below this is a table with columns: "Description", "Effect Date", "End Date", "Disable", "Note", and "Created". The table content area is empty, displaying "No Records Exist in Data Source". To the right of the table, there is a vertical sidebar with three buttons: "Packages" (highlighted with a red box), "Remove", and "Customize". At the bottom of the interface, there are several control buttons: "Display", "Formulary", "Approved" (checkbox), "Not Approved" (checkbox), "Expiration Date:" (dropdown), "Formula Calculator", "Void Benefits", "Save", "Cancel", and "Next".

BE Client

Parent would like formula: Infant Package Change

2. Select the desired IBP package

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
IBE / IBP / NPP (NO FOOD BENEFITS)
IBP ENFAMIL INFANT PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP ENFAMIL GENTLEASE PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP ENFAMIL AR PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL PROSOBEE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL REGULINE PWD (0-0MOS, 1-1MOS, 2-3MOS, 4-5MOS)
IBP NUTRAMIGEN ENFLORA PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP SIM ALIMENTUM PWD (0-0 MOS, 1-1 MOS, 2-3 MOS, 4-5 MOS)
IBP PURAMINO PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP SIMILAC NEOSURE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP NEUROPRO ENFACARE PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)
IBP ENFAMIL INFANT PWD (0-0 MOS, 1-3 MOS, 4-5 MOS)

? Display OK Cancel

BE Client

Parent would like formula: Infant Package Change

3. Customize each line generated by selecting “Customize”

	Description	Effect Date	End Date	Disable	Note	Created
	IBP ENFAMIL GENTLEASE PWD (6-11 MO...	7/6/2018	11/13/2018	<input type="checkbox"/>		

Packages

Remove

Customize

BE Client

Parent would like formula: Infant Package Change

4. Manually customize formula to meet the needs of the infant, but not to exceed the formula for IBP.
 - See slides 28 & 29 for formula maximums

Food Package: IBP ENFAMIL GENTLEASE PWD (6-11 MOS)

	Quantity	Package Size	Description
▶	4	CAN	12.4 oz PWD Gentlease
	32	JAR	4 oz INFANT FRUIT OR VEGETABLES
	24	OZ	INFANT CEREAL

Formulary Search Remove Calculate Assign Cancel

BE Client

Parent would like formula: Re-issue Benefits

- Re-issue infant's current and future benefits
 - Current benefits will be issued in full within 10 days of the current month's Benefit Start Date (BSD).
 - When issued 11 or more days after BSD, benefits will be prorated
 - Don't adjust the infant's formula issuance based upon the food the parent has already redeemed in the current month.
- Re-issue parent's future benefits

BE Client

Infant needs formula, but parent has already redeemed all of current benefits

Mom

Category: BP

Package: PG/ BP Max

Issue future benefits only

Infant

Category: IBP

Package: IBP (tailor to not exceed needs)

Issue current (prorated) and future benefits

Rationale:

If parent has used all their food benefits for the current month, parent may not receive another package until the next benefit cycle.

BE Client

Infant needs formula, but parent has already redeemed some of current benefits

Mom

Category: BP

Package: PG/ BP Max

Don't touch current benefits. Void future benefits. Issue new benefits starting on the next month. Don't take food away from the mom's current month's benefits.

Infant

Category: IBP

Package: IBP (tailor to not exceed needs)

Change the infant's package immediately. Even if mom has used all her food, the baby can still get all desired formula (prorated for the month)

BE Client

Breastfeeding multiple children from the *same* pregnancy

- Assign BE Max package
- System will assign 1.5 times the BE Max package

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child?* Yes No

From same pregnancy (multiples)?

From different pregnancies?

BE Client is eligible to receive 1.5 times the BE food package as more than one child from the same pregnancy is being breastfed.

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

Display OK Cancel

BE Client

Breastfeeding multiple children from *different* pregnancies

- Assign BE Max package.
- Breastfeeding status does not affect package when breastfeeding infants from different pregnancies.

Postpartum - BE/BP:

Hx 10. Are you breastfeeding or pumping milk for more than one child?* Yes No

From same pregnancy (multiples)?

From different pregnancies?

Formula Name: Search

Show all eligible food packages Selected food packages only Show NPP Packages

Description
BE MAX (1# CHEESE) 2020
BE MAX (2# CHEESE/YOGURT) 2020
BE MAX 2020
BE MAX (YOGURT) 2020
BE MAX (MILK IN QUARTS) 2020
BE MAX (MILK IN QUARTS/YOGURT) 2020
BE MAX (INFANT FOODS)
BE MAX (INFANT CEREAL) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS)
BE MAX (INFANT FOODS/YOGURT)
BE MAX (INFANT CEREAL/YOGURT) 2020
PG/BP MAX (LOWFAT MILK/INFANT FOODS/YOGURT)

? Display OK Cancel

BE Client

Parent is breastfeeding twins. One exclusively and the other partially.

Mom

Category: BE

Package: BE Max

BF exclusive Infant

Category: IBE

Package: IBE

BF partial infant

Category: IBP

Package: IBP

Rationale:

As long as at least one of the infants is fully breastfed (does not receive formula from WIC), parent may receive the BE Max package. Parent may not receive 1.5 times the BE Max food package in this case as parent is only eligible when *both* babies are exclusively breastfed.

Same Sex Couples

Category and Package Assignment *Scenarios*



Same Sex Couples

Both partners are breastfeeding partially so baby is exclusively breastfed

Parent A

Category: BE

Package: BE Max

*This parent must be linked with baby

Parent B

Category: NPP

Package: NPP Max

Baby

Category: IBE

Package: IBE

Rationale:

Only one parent may be certified as breastfeeding the infant. The other parent must be certified as NPP.

Same Sex Couples

Birth parent is not breastfeeding. The non-birth parent is either breastfeeding or attempting to start lactation.

Lactating Parent

Category: BE or BP

Package: BE Max or BP Max

*This parent must be linked with baby

Birth Parent

Category: NPP

Package: NPP Max

Baby

Category: IBE or IBP

Package: IBE or IBP

Rationale:

Both parents may be certified, if eligible. The birth parent would be certified as NPP up to 6 months and the non-birth parent as breastfeeding (up to 1 year).

Same Sex Couples

Both parents are breastfeeding partially so their adopted baby can be exclusively breastfed

Parent A

Category: BE

Package: BE Max

*This parent must be linked with baby

Parent B

Cannot be certified

Baby

Category: IBE

Package: IBE

Rationale:

When neither parent is the birth mother, only one parent can be certified as breastfeeding and receive benefits. The second parent cannot be certified based on the infant's breastfeeding status.

Breast Milk Donation

Parents who either donate or receive pumped breast milk



Breast milk Donation

Parent is not breastfeeding, but baby is receiving donor milk exclusively

Mom

Category: NPP

Package: NPP

Infant

Category: IBE

Package: IBE

Rationale:

If parent is not providing any breast milk, they cannot be categorized as BP/BE. This unique situation necessitates mismatched categories.

Breast milk Donation

Parent lost her baby at birth and wants to donate her pumped milk to a milk bank

Mom

Category: NPP

Package: NPP Max

Rationale:

In this situation, a parent must be breastfeeding their own infant who is also a WIC participant. In addition, a parent in this situation would *not* be eligible for a breast pump from WIC, but may still receive breastfeeding support if interested.

Breast milk Donation

A WIC participating parent is pumping their milk for their WIC participating infant not in their custody

Mom

Category: BE or BP

Package: BE or BP Max

*This parent must be linked with baby

Baby (separate account)

Category: IBE or IBP

Package: IBE or IBP

Rationale:

In cases of open adoption, foster care, living with grandparents, surrogacy, etc. where the parent is pumping to provide their own milk for their baby and both are WIC participants, the parent may be certified as breastfeeding.

Breast milk Donation

A WIC participating parent is pumping their milk for their WIC participating infant not in their custody

- Parent and Baby must be linked under the infant's Client Information screen

The screenshot shows a web form for entering client information, divided into two tabs: "Client Information" (active) and "Additional Information".

Client Information Tab:

- Authorized Person:** Edge, PG
- Family ID:** 9345459
- Client ID:** 300 875 540
- Last Name*:** Edge
- First Name*:** IBP
- MI:** [Empty]
- Birth Date*:** 6/15/2020
- Age:** 7 months, 2 weeks
- Gender*:** Male Female
- Medicaid Number:** [Empty]
- Adjunct Eligibility Income Eligibility
- Foster Care
- Mother Not in Family:** (highlighted with a red box)
- Mother's ID:** 000 000 000 (highlighted with a red box)

Additional Information Tab:

- Proof of Identity*:** [Dropdown menu]
- Proof of Pregnancy*:** Not Applicable
- Education Level*:** Not Applicable
- Marital Status*:** Not Applicable
- Reason for Ineligibility:** [Dropdown menu]
- Physician:**
 - Name:** [Text field]
 - Phone:** () -- [Text field]

Buttons at the bottom: Save, Cancel, Next.

Breast milk Donation

A WIC participating parent is pumping their milk for a *non-WIC* infant not in their custody

Mom

Category: NPP

Package: NPP Max

Rationale:

In this situation, a parent must be breastfeeding their own infant who is also a WIC participant. In addition, a parent in this situation would *not* be eligible for a breast pump from WIC, but may still receive breastfeeding support if interested.